

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ORRINPAC

ADDRESS (number and street) ▼

PO BOX 900427

☒ Check if different than previously reported. (ACC)

SANDY

UT

84090

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00235572

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2012

through

M M M / D D D / Y Y Y Y Y Y
03 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer STANLEY R. DE WAAL

Signature of Treasurer

STANLEY R. DE WAAL

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 12 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ORRINPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 03 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y 03 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		217861.97
(b) Cash on Hand at Beginning of Reporting Period.....	170794.81	
(c) Total Receipts (from Line 19)	46821.24	61821.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	217616.05	279683.21
7. Total Disbursements (from Line 31)	37177.35	99244.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	180438.70	180438.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ORRINPAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
03	/	01	/	2012

To:

M M	/	D D	/	Y Y Y Y Y Y
03	/	31	/	2012

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

12500.00

16250.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

12500.00

16250.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

27500.00

38750.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

40000.00

55000.00

12. Transfers From Affiliated/Other

Party Committees.....

6821.24

6821.24

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

46821.24

61821.24

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

46821.24

61821.24

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	11177.35	33244.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11177.35	33244.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	65000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1000.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37177.35	99244.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37177.35	99244.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	40000.00	55000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40000.00	55000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	11177.35	33244.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	11177.35	33244.51

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. Lisa S. Bonner

Mailing Address 1919 N. Dayton St.

City
CHICAGO

State Zip Code
IL 60614-5028

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2012

Transaction ID : 20319.C4049

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. Stephen B. Bonner

Mailing Address 1919 N. Dayton St.

City
CHICAGO

State Zip Code
IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer

CTCA

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2012

Transaction ID : 20319.C4048

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Anne Meisner

Mailing Address 5812 Route 173

City
RICHMOND

State Zip Code
IL 60071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : 20319.C4052

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

12500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. AMERICAN ASSN. OF NURSE ANESTHETISTS PA

Mailing Address 25 MASSACHUSETTS AVE NW, SUITE 550

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00173153

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / 31 / 2012

Transaction ID : 20412.C4061

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

B. AMERICAN DENTAL PAC

Mailing Address 1111 - 14TH ST, NW, STE 1100

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 01 / 2012

Transaction ID : 20319.C4047

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. AMGEN PAC

Mailing Address ONE AMGEN CENTER DR

City State Zip Code
NEWBURY PARK CA 91320-1789

FEC ID number of contributing
federal political committee.

C C00251876

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 13 / 2012

Transaction ID : 20319.C4050

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

12500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. BUILD PAC

Mailing Address 1201 15TH ST, NW

City
WASHINGTON

State Zip Code
DC 20005-2800

FEC ID number of contributing
federal political committee.

C C30001366

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **15** / **2012**

Transaction ID : 20319.C4051

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. GENERAL ELECTRIC COMPANY PAC

Mailing Address 1299 PENNSYLVANIA AVE, NW, STE 900

City
WASHINGTON

State Zip Code
DC 20004

FEC ID number of contributing
federal political committee.

C C00024869

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **31** / **2012**

Transaction ID : 20412.C4062

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. NEM PAC

Mailing Address P. O. BOX 619911

City
DALLAS

State Zip Code
TX 75261-9911

FEC ID number of contributing
federal political committee.

C C00140061

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / **29** / **2012**

Transaction ID : 20412.C4060

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. THE HOME DEPOT INC. PAC

Mailing Address 101 CONSTITUTION AVE, NW, STE 800W

City State Zip Code
 WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00284885

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / **21** / **2012**

Transaction ID : 20326.C4053

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

27500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. HATCH VICTORY COMMITTEE

Mailing Address 228 S. WASHINGTON ST, #115

City State Zip Code
 ALEXANDRIA VA 22314-

FEC ID number of contributing
federal political committee.

C C00495564

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6821.24

Date of Receipt

03 / 31 / 2012

Transaction ID : 20412.C4057

Amount of Each Receipt this Period

6821.24

Transfers From Affil./Auth.

Full Name (Last, First, Middle Initial)

B. MANUS M. COONEY

Mailing Address 8801 BEL AIR PL.

City State Zip Code
 POTOMAC MD 20854-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

POTOMAC COUNSEL, LLC.

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / 08 / 2012

Transaction ID : 20412.C4059

Amount of Each Receipt this Period

2500.00

Transfer Memo

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Marlene Malek

Mailing Address 1259 Crest Lane

City State Zip Code
 MC LEAN VA 22101-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

Philanthropist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 21 / 2012

Transaction ID : 20412.C4058

Amount of Each Receipt this Period

5000.00

Transfer Memo

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6821.24

6821.24

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. ARISTOTLE

Mailing Address 205 Pennsylvania Ave, SE

City WASHINGTON State DC Zip Code 20003-

Purpose of Disbursement
Computer software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 01 2012**Transaction ID : 20412.E2380**

Amount of Each Disbursement this Period

575.00

COMPUTER SOFTWARE

Full Name (Last, First, Middle Initial)

B. ARISTOTLE

Mailing Address 205 Pennsylvania Ave, SE

City WASHINGTON State DC Zip Code 20003-

Purpose of Disbursement
Computer software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 15 2012**Transaction ID : 20412.E2394**

Amount of Each Disbursement this Period

575.00

COMPUTER SOFTWARE

Full Name (Last, First, Middle Initial)

C. Autumn E-Media

Mailing Address PO Box 371553

City LAS VEGAS State NV Zip Code 89137-

Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 01 2012**Transaction ID : 20412.E2381**

Amount of Each Disbursement this Period

582.50

FUNDRAISING CONSULTING

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1732.50

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ORRINPAC

A. CBIZ MHM, LLC

Category/
Type

3240.00

ACCOUNTING FEES

B. NORTH CAPITOL STREET ENTERPRISES

MM / DD / YYYY

Category/
Type

1046.22

OFFICE RENT AND PHONE

C. NORTH CAPITOL STREET ENTERPRISES

Category/
Type

1041.93

OFFICE RENT AND PHONE

5328.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. ZIONS BANK

Mailing Address 310 SOUTH MAIN ST

City	State	Zip Code
SALT LAKE CITY	UT	84101-

Purpose of Disbursement
Merchant account fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : 20412.E2393

Amount of Each Disbursement this Period

43.95

MERCHANT ACCOUNT FEES**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

43.95

11177.35

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF GEORGE ALLEN

Mailing Address P.O. BOX 6859

City
ARLINGTONState
VAZip Code
22206-Purpose of Disbursement
CONTRIBUTION TO GENERAL

Candidate Name

GEORGE ALLEN

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2012

Transaction ID : 20412.E2384

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO GENERAL

Full Name (Last, First, Middle Initial)

B. FRIENDS OF GEORGE ALLEN

Mailing Address P.O. BOX 6859

City
ARLINGTONState
VAZip Code
22206-Purpose of Disbursement
CONTRIBUTION TO PRIMARY

Candidate Name

GEORGE ALLEN

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2012

Transaction ID : 20412.E2383

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO PRIMARY

Full Name (Last, First, Middle Initial)

C. Montanans For Rehberg

Mailing Address PO Box 1597

City
HELENAState
MTZip Code
59624-Purpose of Disbursement
CONTRIBUTION TO PRIMARY

Candidate Name

DENNIS R REHBERG

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

Transaction ID : 20412.E2385

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION TO PRIMARY

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. Romney for President

Mailing Address PO BOX 55899

City	State	Zip Code
BOSTON	MA	02205-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MITT ROMNEY

Office Sought:

☐ House
☐ Senate
☒ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2012

Transaction ID : 20412.E2389

Amount of Each Disbursement this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

25000.00
